

APPLICATION FOR A PERMIT TO SHOOT OR HUNT FROM A <u>STATIONARY VEHICLE</u> FORM 301-01

LEAVE BLANK-	F&W USE ONLY
Permit Number	
Issued By	Date Issued
Approved by:	
Date:	

The Division will not consider your application unless you complete and submit this application form.

Application must be filled out completely. Incomplete applications will be returned.

Mail this completed application form to the: New Jersey Division of Fish & Wildlife

Handicapped Permit Section

PO Box 400, Trenton, NJ 08625-0400

PO Box 400, Trenton, NJ 00025-0400								
SECTION I—TO BE COMPLETED	BY APPLICANT. (I	Please type or pri	nt legibly)					
Applicant's Name				Driver's License Number				
Street or Route								
				Telephone Number (include area code)				
City, State, Zip Code								
Date of Birth (Mo.–Day–Year)	Color Eyes	Color Hair	Weight	Height	Sex Male Female			
I certify that I have read and understand			to this permit. Th	ne statements I n	nake are true, correct and complete,			
and I realize that applying with false information could result in prosecution. Applicant's Signature				Date Signed				
SECTION II—TO BE COMPLETEI	BY A LICENSED I	PHYSICIAN OR	CHIROPRACT	OR.				
NOTE: Applicant must be disabled to the stationary vehicle. Please check the box	ne extent described on that best answers each	the back of this for the hack of this for the hack of	orm to be eligible	for a permit to	shoot or hunt from a			
A. MOBILITY (Licensed Physician	or Chiropractor)							
Does applicant have a perman (see reverse side)	ent or irreversible phy	vsical disability? .			Yes No			
2. Which of the following does a a. Wheel chair b. Walker c. One leg brace or external p d. Two leg braces or external e. Two crutches or two canes	prosthesis above the ki	neeknees						
3. Is applicant able to ambulate	without any of the abo	ve (2a-2e)?						
4. Will the applicant's need for a	any of the above (2a-2	e) be permanent?						
B. LUNG DISEASE (Licensed Physical Does applicant suffer from lung of for one second when measured by tension is less than 60 millimeter C. CARDIOVASCULAR DISEASI Does applicant suffer from cardio	disease to the extent the spirometry is less that is of mercury on room E (Licensed Physician by ascular disease to the	an one liter, or (2) air at rest?) e extent that functions	the arterial oxyg	are				
classified in severity as Class 3 o Completed By (Doctor's Signature)	r 4 according to standa		he American Hea		Date Signed			
Completed by (Doctor's Signature)		Me	ncai License Nui	noer	Date Signed			
Address		Tel	Telephone Number (include area code)					
City, State, Zip Code								

- A. Issuance of a permit: After proper application, the Division may, after due investigation and without charging a fee, issue a permit to any person, as provided in this section.
 - 1. An applicant shall submit on a form prepared and furnished by the Division, as part of the application, a written statement or report prepared and signed by a licensed physician or licensed chiropractor, prepared no more than six (6) months prior to the application and verifying that the applicant is physically disabled.
 - 2. As part of the application for a permit, the applicant shall authorize the Division by written release to examine all medical records regarding the applicant's physical disability.
- B. Eligibility: The Division shall issue a permit to an applicant who is handicapped in any of the following ways:
 - 1. Has a permanent or irreversible physical disability, is unable to ambulate and requires a wheel chair, walker, one leg brace or external prosthesis above the knee, 2 leg braces or external prostheses below the knees, 2 crutches or 2 canes for mobility.
 - 2. Suffers significantly from lung disease, to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.
 - 3. Suffers significantly from cardiovascular disease, to the extent that functional limitations are classified in severity as class 3 or 4 according to standards accepted by the American Heart Association on the effective date of this subsection, and where ordinary physical activity causes discomfort, fatigue, palpitation, dyspnea or anginal pain.
- C. The Division may issue a permit to an applicant who is denied a permit upon further review and after considering the physical condition of the applicant and recommendation of a licensed physician selected by the applicant from a list of licensed physicians compiled by the Division. The issuance of the permit must comply with NJAC 7:25-5.23(m) and NJAC 7:25-5.23(q). The use of this review process is discretionary with the Division and the applicant shall pay all costs of the review.
- D. Any applicant who is denied a permit by the Division may request within 60 calendar days from the issuance of the denial, an appeal in accordance with the Administrative Procedures Act, NJSA 52:14B-1 et seq. and the uniform administrative procedure rule, NJAC 1:1. All such disputes will be referred to the Office of Administrative Law for a hearing.
- E. The term "vehicle" as used in the text of this permit application is defined as a motor vehicle that is licensed, registered and insured to be legally operated in the State of New Jersey.

A. (1.) Mobility (Licensed Physician or Chiropractor)

Briefly describe permanent or irreverterms. Print clearly.	ersible physical	disability which	causes limited	ambulatory a	bility in laymen